

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>212544507</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>Bechtel Communications, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>11/30/2012</b></p> <p>SCC ID NO: <b>F1688946</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED					
COMMON	10,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 50 BEALE STREET</p> <p style="text-align: center;">CITY/ST/ZIP: SAN FRANCISCO, CA 94105</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARY W QUAZZO  TITLE: VICE PRES &amp; SEC  ADDRESS: C/O P.H. RESTIVO  CITY/ST/ZIP/CO: 50 BEALE STREET  SAN FRANCISCO, CA 94105-1813 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARY W QUAZZO TITLE: VICE PRES & SEC ADDRESS: C/O P.H. RESTIVO CITY/ST/ZIP/CO: 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
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NAME: WILLIAM N DUDLEY, JR. TITLE: DIRECTOR ADDRESS: C/O P.H. RESTIVO CITY/ST/ZIP/CO: 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					

NAME:	TOBY J SEAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	ALASDAIR I CATHCART	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VICE PRES		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	DONALD ARMSTRONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRIN VICE PRES		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	RICHARD L ASTLEFORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRIN VICE PRES		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	JOHN K DESHONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRIN VICE PRES		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	MARK S SMETHURST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRIN VICE PRES		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	M. ANETTE SPARKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRIN VICE PRES		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	SHARON L LYON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	SCOTT F OSBORNE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	ROBERT H RUBENSTEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & ASST SEC		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		

NAME:	JOHN W STROUD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	KEVIN C LEADER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	ELDYNE S PERROU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	GARRY B AICKEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	DOUGLAS ALMEIDA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	TIMOTHY M COOK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	J PHIL DYSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	WILLIAM F FOX, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	CHRISTOPHER S GRESHAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	STEVEN A HARVEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		

NAME:	JAMES R JOHANSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	JAMES T MAMON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	GEORGE R MEDEIROS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	WILLIAM P OLSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	STEVE C ROSE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	MICHAEL E STRADER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	SHON R VICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	CLARY V WILLIAMSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	ROBERT A YOUNG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		
NAME:	ROBERT F KAIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O P.H. RESTIVO		
CITY/ST/ZIP/CO:	50 BEALE STREET SAN FRANCISCO, CA 94105-1813		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FONG SUN LAI ASST SECRETARY C/O P.H. RESTIVO 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE E MURRAY ASST SECRETARY C/O P.H. RESTIVO 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J SIMONE ASST SECRETARY C/O P.H. RESTIVO 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE S WESTON ASST SECRETARY C/O P.H. RESTIVO 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NELLIE LEE ASST TREASURER 50 BEALE STREET SAN FRANCISCO, CA 94105-1813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PEGGY H RESTIVO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PEGGY H RESTIVO, ASST CONTROLLER PRINTED NAME AND CORPORATE TITLE	11/19/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			